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\* \* \* \* \* \* \* \* \* \* \* Welcome to STN International \* \* \* \* \* \* \* \* \* \* \*

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NEWS 2 "Ask CAS" for self-help around the clock  
NEWS 3 SEP 09 ACD predicted properties enhanced in REGISTRY/ZREGISTRY  
NEWS 4 OCT 03 MATHDI removed from STN  
NEWS 5 OCT 04 CA/CAplus-Canadian Intellectual Property Office (CIPO) added to core patent offices  
NEWS 6 OCT 13 New CAS Information Use Policies Effective October 17, 2005  
NEWS 7 OCT 17 STN(R) AnaVist(TM), Version 1.01, allows the export/download of CAplus documents for use in third-party analysis and visualization tools  
NEWS 8 OCT 27 Free KWIC format extended in full-text databases  
NEWS 9 OCT 27 DIOGENES content streamlined  
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NEWS 11 NOV 14 CA/CAplus - Expanded coverage of German academic research  
NEWS 12 NOV 30 REGISTRY/ZREGISTRY on STN(R) enhanced with experimental spectral property data  
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NEWS EXPRESS DECEMBER 02 CURRENT VERSION FOR WINDOWS IS V8.01,  
CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),  
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V8.0 USERS CAN OBTAIN THE UPGRADE TO V8.01 AT  
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FILE 'HOME' ENTERED AT 09:22:46 ON 14 DEC 2005

=> file reg  
COST IN U.S. DOLLARS  
  
FULL ESTIMATED COST

SINCE FILE ENTRY	TOTAL SESSION
0.21	0.21

FILE 'REGISTRY' ENTERED AT 09:22:55 ON 14 DEC 2005

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STRUCTURE FILE UPDATES: 13 DEC 2005 HIGHEST RN 869843-02-7  
DICTIONARY FILE UPDATES: 13 DEC 2005 HIGHEST RN 869843-02-7

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2005

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\*\*\*\*\*  
\*  
\* The CA roles and document type information have been removed from \*  
\* the IDE default display format and the ED field has been added, \*  
\* effective March 20, 2005. A new display format, IDERL, is now \*  
\* available and contains the CA role and document type information. \*  
\*  
\*\*\*\*\*

Structure search iteration limits have been increased. See HELP SLIMITS  
for details.

REGISTRY includes numerically searchable data for experimental and  
predicted properties as well as tags indicating availability of  
experimental property data in the original document. For information  
on property searching in REGISTRY, refer to:

<http://www.cas.org/ONLINE/UG/regprops.html>

```
=> E "SULINDAC"/CN 25
E1      1 SULIKOL K/CN
E2      1 SULIN/CN
E3      1 --> SULINDAC/CN
E4      1 SULINDAC B  $\Omega$ -N-METHYL-L-ARGININE SALT/CN
E5      1 SULINDAC B  $\Omega$ -N-NITRO-L-ARGININE METHYL ESTER SALT/CN
E6      1 SULINDAC B  $\Omega$ -N-NITRO-L-ARGININE SALT/CN
E7      1 SULINDAC ETHYL ESTER/CN
E8      1 SULINDAC SODIUM/CN
E9      1 SULINDAC SULFIDE/CN
E10     1 SULINDAC SULFONE/CN
E11     1 SULINDAC SULFOXIDE/CN
E12     1 SULINDAC-QUINOLINE/CN
E13     1 SULINEX/CN
E14     1 SULINOL/CN
E15     1 SULIODOVIZOL/CN
E16     1 SULISATIN/CN
E17     1 SULISATIN DISODIUM SALT/CN
E18     1 SULISATIN SODIUM/CN
E19     1 SULISATINE SODIUM/CN
E20     1 SULISOBENZONE/CN
E21     1 SULJEX/CN
E22     1 SULKKA/CN
E23     1 SULKKA K BOLUSES/CN
E24     1 SULKKA N/CN
E25     1 SULKOR/CN

=> S E3
L1      1 SULINDAC/CN
```

=> file caplus  
COST IN U.S. DOLLARS  
FULL ESTIMATED COST

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	5.03	5.24

FILE 'CAPLUS' ENTERED AT 09:23:34 ON 14 DEC 2005  
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FILE COVERS 1907 - 14 Dec 2005 VOL 143 ISS 25  
FILE LAST UPDATED: 13 Dec 2005 (20051213/ED)

Effective October 17, 2005, revised CAS Information Use Policies apply. They are available for your review at:

<http://www.cas.org/infopolicy.html>

=> s 11  
L2 1426 L1

=> s gastrointestingal or esophag? or gastric? or intestin? or colorect?  
2 GASTROINTESTINGAL  
15568 ESOPHAG?  
4 GASTIC?  
239459 INTESTIN?  
18675 COLORECT?  
L3 254068 GASTROINTESTINGAL OR ESOPHAG? OR GASTIC? OR INTESTIN? OR COLORECT?

=> s cancer? or tumor? or neoplas? or polyp?  
277857 CANCER?  
411659 TUMOR?  
431921 NEOPLAS?  
438716 POLYP?  
L4 1099978 CANCER? OR TUMOR? OR NEOPLAS? OR POLYP?

=> s 14 and 13  
L5 65506 L4 AND L3

=> s 15 and 12  
L6 234 L5 AND L2

=> s oral?  
L7 243958 ORAL?

=> s 17 and 16  
L8 30 L7 AND L6

=> s 12 (1) 14  
L9 186 L2 (L) L4

=> s 19 and 13

L10 121 L9 AND L3

=> s l10 and 17

L11 14 L10 AND L7

=> s l14 not py>2002

L14 NOT FOUND

The L-number entered could not be found. To see the definition of L-numbers, enter DISPLAY HISTORY at an arrow prompt (>).

=> s l11 not py>2002

3346380 PY>2002

L12 9 L11 NOT PY>2002

=> d ibib l-4

L12 ANSWER 1 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2002:723268 CAPLUS  
DOCUMENT NUMBER: 138:13001  
TITLE: A mouse model of human oral-esophageal cancer  
AUTHOR(S): Opitz, Oliver G.; Harada, Hideki; Suliman, Yasir; Rhoades, Ben; Sharpless, Norman E.; Kent, Ralph; Kopelovich, Levy; Nakagawa, Hiroshi; Rustgi, Anil K.  
CORPORATE SOURCE: Division of Gastroenterology, University of Pennsylvania, Philadelphia, PA, 19104-2144, USA  
SOURCE: Journal of Clinical Investigation (2002), 110(6), 761-769  
CODEN: JCINAO; ISSN: 0021-9738  
PUBLISHER: American Society for Clinical Investigation  
DOCUMENT TYPE: Journal  
LANGUAGE: English  
REFERENCE COUNT: 44 THERE ARE 44 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 2 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2002:259707 CAPLUS

DOCUMENT NUMBER: 136:379639

TITLE: Primary chemoprevention of familial adenomatous polyposis with sulindac  
AUTHOR(S): Giardiello, Francis M.; Yang, Vincent W.; Hylind, Linda M.; Krush, Anne J.; Petersen, Gloria M.; Trimbath, Jill D.; Piantadosi, Steven; Garrett, Elizabeth; Geiman, Deborah E.; Hubbard, Walter; Offerhaus, Johan A.; Hamilton, Stanley R.  
CORPORATE SOURCE: Dep. Med., Johns Hopkins Univ. Sch. Med., Baltimore, MD, USA  
SOURCE: New England Journal of Medicine (2002), 346(14), 1054-1059

PUBLISHER: Massachusetts Medical Society  
DOCUMENT TYPE: Journal  
LANGUAGE: English  
REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 3 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2001:564792 CAPLUS

DOCUMENT NUMBER: 135:127230

TITLE: Method for inhibiting a tumor  
INVENTOR(S): Nair, Muraleedharan G.; Bourquin, Leslie D.; Seeram, Navindra P.; Kang, Soo-Young  
PATENT ASSIGNEE(S): Michigan State University, USA  
SOURCE: PCT Int. Appl., 27 pp.  
CODEN: PIXXD2

DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 2  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001054516	A1	20010802	WO 2001-US1196	20010112
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
CA 2398389	AA	20010802	CA 2001-2398389	20010112
PRIORITY APPLN. INFO.:			US 2000-494077	A 20000128
			WO 2001-US1196	W 20010112
REFERENCE COUNT:	2	THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT		

L12 ANSWER 4 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2001:476884 CAPLUS  
DOCUMENT NUMBER: 135:282815  
TITLE: Sulindac in familial adenomatous polyposis: Evaluation by nuclear morphometry  
AUTHOR(S): Fernandez-Lopez, F.; Conde-Freire, R.; Cadarso-Suarez, C.; Garcia-Iglesias, J.; Puente-Dominguez, J. L.; Potel-Lesquereux, J.  
CORPORATE SOURCE: General Surgery Department, Hospital Clinico Universitario, Santiago de Compostela, Spain  
SOURCE: European Journal of Surgery (2001), 167(5), 375-381  
CODEN: EUJSEH; ISSN: 1102-4151  
PUBLISHER: Taylor & Francis Ltd.  
DOCUMENT TYPE: Journal  
LANGUAGE: English  
REFERENCE COUNT: 31 THERE ARE 31 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> d ibib 5-9

L12 ANSWER 5 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2000:260877 CAPLUS  
DOCUMENT NUMBER: 133:217169  
TITLE: Sulindac and acetylsalicylic acid (ASA) - clinical relevance in familial adenomatous polyposis  
AUTHOR(S): Winde, G.  
CORPORATE SOURCE: Klinik und Poliklinik fur Allgemeine Chirurgie der WWU, Munster, D-48129, Germany  
SOURCE: Falk Symposium (1999), 109(Colorectal Cancer), 235-255  
CODEN: FASYDI; ISSN: 0161-5580  
PUBLISHER: Kluwer Academic Publishers  
DOCUMENT TYPE: Journal; General Review  
LANGUAGE: English  
REFERENCE COUNT: 91 THERE ARE 91 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 6 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2000:147314 CAPLUS  
DOCUMENT NUMBER: 132:273995  
TITLE: Inhibition of rat colon tumors by sulindac and sulindac sulfone is independent of K-ras (codon 12)

AUTHOR(S): mutation  
De Jong, Tanya A.; Skinner, Stewart A.;  
Malcontenti-Wilson, Cathy; Vogiagis, Daphne; Bailey,  
Michael; Van Driel, Ian R.; O'Brien, Paul E.  
CORPORATE SOURCE: Department of Surgery, Monash University Medical  
School, Melbourne, 3181, Australia  
SOURCE: American Journal of Physiology (2000), 278(2, Pt. 1),  
G266-G272  
PUBLISHER: CODEN: AJPHAP; ISSN: 0002-9513  
DOCUMENT TYPE: American Physiological Society  
LANGUAGE: Journal  
REFERENCE COUNT: English  
45 THERE ARE 45 CITED REFERENCES AVAILABLE FOR THIS  
RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 7 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2000:18902 CAPLUS  
DOCUMENT NUMBER: 132:44655  
TITLE: Rectal epithelial apoptosis in familial adenomatous  
polyposis patients treated with sulindac  
Keller, J. J.; Offerhaus, G. J. A.; Polak, M.;  
Goodman, S. N.; Zahurak, M. L.; Hyland, L. M.;  
Hamilton, S. R.; Giardiello, F. M.  
CORPORATE SOURCE: Department of Medicine, The Johns Hopkins University  
School of Medicine, Baltimore, MD, 21205, USA  
SOURCE: Gut (1999), 45(6), 822-828  
PUBLISHER: CODEN: GUTTAK; ISSN: 0017-5749  
DOCUMENT TYPE: BMJ Publishing Group  
LANGUAGE: Journal  
REFERENCE COUNT: English  
57 THERE ARE 57 CITED REFERENCES AVAILABLE FOR THIS  
RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 8 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 1996:277228 CAPLUS  
DOCUMENT NUMBER: 124:331957  
TITLE: Sulindac induced regression of colorectal  
adenomas in familial adenomatous polyposis: Evaluation  
of predictive factors  
Giardiello, F. M.; Offerhaus, J. A.; Tersmette, A. C.;  
Hyland, L. M.; Krush, A. J.; Brensinger, J. D.;  
Booker, S. V.; Hamilton, S. R.  
CORPORATE SOURCE: School Medicine, Johns Hopkins University, Baltimore,  
MD, 21287, USA  
SOURCE: Gut (1996), 38(4), 578-581  
PUBLISHER: CODEN: GUTTAK; ISSN: 0017-5749  
DOCUMENT TYPE: BMJ Publishing Group  
LANGUAGE: Journal  
English

L12 ANSWER 9 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 1991:529697 CAPLUS  
DOCUMENT NUMBER: 115:129697  
TITLE: Lung tumorigenicity of NNK given orally to  
A/J mice: its application to chemopreventive efficacy  
studies  
AUTHOR(S): Castonguay, Andre; Pepin, Pierrot; Stoner, Gary D.  
CORPORATE SOURCE: Sch. Pharm., Laval Univ., Quebec, QC, G1K 7P4, Can.  
SOURCE: Experimental Lung Research (1991), 17(2), 485-99  
DOCUMENT TYPE: CODEN: EXLRDA; ISSN: 0190-2148  
LANGUAGE: Journal  
English

L12 ANSWER 9 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
AB The ability of five chemopreventive agents to inhibit 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK)-induced lung tumors in A/J mice was determined. The carcinogen was administered in the drinking water during 7 wk (at doses of 9.2 to 3.1 mg/mouse). Three chemopreventive agents: (dose, g/kg diet) ellagic acid (4.0), 2(3)-BHA (5.0), and sulindac (0.13) inhibited the multiplicity of lung adenomas by 52, 88, and 52%, resp., when compared to NNK controls.  $\beta$ -Carotene + retinol (2.14 + 0.009), in combination, and selenium (0.0022) were ineffective. NNK was absorbed more rapidly from the duodenum than from the stomach and was metabolized in both tissues. The activation of NNK by  $\alpha$ -carbon hydroxylation and its deactivation by pyridine N-oxidation was more extensive in the duodenum than in the stomach. Carbonyl reduction of NNK was 10 times higher in the duodenum. Liver microsomes were more active than lung microsomes in the  $\alpha$ -carbon hydroxylation of NNK, suggesting that some liver isoenzymes of cytochrome P 450 have a high affinity for NNK. Pyridine N-oxidation was five times more extensive in lung microsomes than in liver microsomes. Collectively, these results demonstrate that NNK given orally to A/J mice provides a suitable model from which to assess the relative activity and mechanisms of action of chemopreventive agents in pulmonary carcinogenesis.

=> d kwic 9

L12 ANSWER 9 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
TI Lung tumorigenicity of NNK given orally to A/J mice: its application to chemopreventive efficacy studies  
AB . . . N-oxidation was five times more extensive in lung microsomes than in liver microsomes. Collectively, these results demonstrate that NNK given orally to A/J mice provides a suitable model from which to assess the relative activity and mechanisms of action of chemopreventive. . .  
IT Intestine, metabolism  
(duodenum, (methylnitrosamino)(pyridyl)butanone metabolism by, chemopreventive agents agents against lung neoplasm effect on)  
IT 68-26-8, Retinol 476-66-4, Ellagic acid 7235-40-7,  $\beta$ -Carotene 14124-67-5, Selenite 25013-16-5 38194-50-2, Sulindac  
RL: BIOL (Biological study)  
(methylnitrosamino)(pyridyl)butanone-induced lung neoplasm response to)

=> d ibib abs keic 8  
'KEIC' IS NOT A VALID FORMAT FOR FILE 'CAPLUS'

The following are valid formats:

ABS ----- GI and AB  
ALL ----- BIB, AB, IND, RE  
APPS ----- AI, PRAI  
BIB ----- AN, plus Bibliographic Data and PI table (default)  
CAN ----- List of CA abstract numbers without answer numbers  
CBIB ----- AN, plus Compressed Bibliographic Data  
DALL ----- ALL, delimited (end of each field identified)  
DMAX ----- MAX, delimited for post-processing  
FAM ----- AN, PI and PRAI in table, plus Patent Family data  
FBIB ----- AN, BIB, plus Patent FAM  
IND ----- Indexing data  
IPC ----- International Patent Classifications  
MAX ----- ALL, plus Patent FAM, RE  
PATS ----- PI, SO  
SAM ----- CC, SX, TI, ST, IT  
SCAN ----- CC, SX, TI, ST, IT (random display, no answer numbers;  
SCAN must be entered on the same line as the DISPLAY,

e.g., D SCAN or DISPLAY SCAN)  
STD ----- BIB, IPC, and NCL

IABS ----- ABS, indented with text labels  
IALL ----- ALL, indented with text labels  
IBIB ----- BIB, indented with text labels  
IMAX ----- MAX, indented with text labels  
ISTD ----- STD, indented with text labels

OBIB ----- AN, plus Bibliographic Data (original)  
OIBIB ----- OBIB, indented with text labels

SBIB ----- BIB, no citations  
SIBIB ----- IBIB, no citations

HIT ----- Fields containing hit terms  
HITIND ----- IC, ICA, ICI, NCL, CC and index field (ST and IT) containing hit terms  
HITRN ----- HIT RN and its text modification  
HITSTR ----- HIT RN, its text modification, its CA index name, and its structure diagram  
HITSEQ ----- HIT RN, its text modification, its CA index name, its structure diagram, plus NTE and SEQ fields  
FHITSTR ----- First HIT RN, its text modification, its CA index name, and its structure diagram  
FHITSEQ ----- First HIT RN, its text modification, its CA index name, its structure diagram, plus NTE and SEQ fields  
KWIC ----- Hit term plus 20 words on either side  
OCC ----- Number of occurrence of hit term and field in which it occurs

To display a particular field or fields, enter the display field codes. For a list of the display field codes, enter HELP DFIELDS at an arrow prompt (>). Examples of formats include: TI; TI,AU; BIB,ST; TI,IND; TI,SO. You may specify the format fields in any order and the information will be displayed in the same order as the format specification.

All of the formats (except for SAM, SCAN, HIT, HITIND, HITRN, HITSTR, FHITSTR, HITSEQ, FHITSEQ, KWIC, and OCC) may be used with DISPLAY ACC to view a specified Accession Number.

ENTER DISPLAY FORMAT (BIB):end

=> d ibib abs kwic 8

L12 ANSWER 8 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 1996:277228 CAPLUS  
DOCUMENT NUMBER: 124:331957  
TITLE: Sulindac induced regression of colorectal adenomas in familial adenomatous polyposis: Evaluation of predictive factors  
AUTHOR(S): Giardiello, F. M.; Offerhaus, J. A.; Tersmette, A. C.; Hylynd, L. M.; Krush, A. J.; Brensinger, J. D.; Booker, S. V.; Hamilton, S. R.  
CORPORATE SOURCE: School Medicine, Johns Hopkins University, Baltimore, MD, 21287, USA  
SOURCE: Gut (1996), 38(4), 578-581  
CODEN: GUTTAK; ISSN: 0017-5749  
PUBLISHER: BMJ Publishing Group  
DOCUMENT TYPE: Journal  
LANGUAGE: English  
AB Background-Sulindac, a non-steroidal anti-inflammatory drug, causes regression of colorectal adenomas in patients with familial adenomatous polyposis (FAP) but the response is variable. Specific clin. factors predictive of sulindac induced regression have not been studied. Methods-22 patients with FAP were given sulindac 150 mg orally

twice a day. Polyp number and size were determined before treatment and at three months. The relation of nine clin. factors to polyp regression (per cent of baseline polyp number after treatment) was evaluated by univariate and multivariate anal. Results-After three months of sulindac, polyp number had decreased to 45 per cent of baseline and polyp size to 50 per cent of baseline ( $p<0.001$  and  $p<0.01$ , resp.). Univariate anal. showed greater polyp regression in older patients ( $p=0.004$ ), those with previous colectomy and ileorectal anastomosis ( $p=0.001$ ), and patients without identifiable mutation of the APC gene responsible for FAP ( $p=0.05$ ). With multivariate regression anal., response to sulindac treatment was associated with previous subtotal colectomy. Conclusions-Sulindac treatment seems effective in producing regression of colorectal adenomas of FAP patients with previous subtotal colectomy regardless of baseline polyp number and size. Changed sulindac metabolism, reduced area of the target mucosa, or changed epithelial characteristics after ileorectal anastomosis may explain these findings.

TI Sulindac induced regression of colorectal adenomas in familial adenomatous polyposis: Evaluation of predictive factors

AB Background-Sulindac, a non-steroidal anti-inflammatory drug, causes regression of colorectal adenomas in patients with familial adenomatous polyposis (FAP) but the response is variable. Specific clin. factors predictive of sulindac induced regression have not been studied. Methods-22 patients with FAP were given sulindac 150 mg orally twice a day. Polyp number and size were determined before treatment and at three months. The relation of nine clin. factors to polyp regression (per cent of baseline polyp number after treatment) was evaluated by univariate and multivariate anal. Results-After three months of sulindac, polyp number had decreased to 45 per cent of baseline and polyp size to 50 per cent of baseline ( $p<0.001$  and  $p<0.01$ , resp.). Univariate anal. showed greater polyp regression in older patients ( $p=0.004$ ), those with previous colectomy and ileorectal anastomosis ( $p=0.001$ ), and patients without identifiable mutation of the APC gene responsible for FAP ( $p=0.05$ ). With multivariate regression anal., response to sulindac treatment was associated with previous subtotal colectomy. Conclusions-Sulindac treatment seems effective in producing regression of colorectal adenomas of FAP patients with previous subtotal colectomy regardless of baseline polyp number and size. Changed sulindac metabolism, reduced area of the target mucosa, or changed epithelial characteristics after ileorectal anastomosis may explain these findings.

ST sulindac colorectal adenomas adenomatous polyposis

IT Neoplasm inhibitors  
(large intestine, sulindac induced regression of colorectal adenomas in familial adenomatous polyposis in humans)

IT Intestine, neoplasm  
(large, inhibitors, sulindac induced regression of colorectal adenomas in familial adenomatous polyposis in humans)

IT 38194-50-2, Sulindac  
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)  
(sulindac induced regression of colorectal adenomas in familial adenomatous polyposis in humans)

=> d ibib abs kwic 2

L12 ANSWER 2 OF 9 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2002:259707 CAPLUS  
DOCUMENT NUMBER: 136:379639  
TITLE: Primary chemoprevention of familial adenomatous polyposis with sulindac  
AUTHOR(S): Giardiello, Francis M.; Yang, Vincent W.; Hyland,

Linda M.; Krush, Anne J.; Petersen, Gloria M.;  
Trimbath, Jill D.; Piantadosi, Steven; Garrett,  
Elizabeth; Geiman, Deborah E.; Hubbard, Walter;  
Offerhaus, Johan A.; Hamilton, Stanley R.  
Dep. Med., Johns Hopkins Univ. Sch. Med., Baltimore,  
MD, USA

CORPORATE SOURCE: New England Journal of Medicine (2002), 346(14),  
1054-1059  
SOURCE: CODEN: NEJMAG; ISSN: 0028-4793  
PUBLISHER: Massachusetts Medical Society  
DOCUMENT TYPE: Journal  
LANGUAGE: English

AB Background: Familial adenomatous polyposis is caused by a germ-line mutation in the adenomatous polyposis coli gene and is characterized by the development of hundreds of colorectal adenomas and, eventually, colorectal cancer. Nonsteroidal antiinflammatory drugs can cause regression of adenomas, but whether they can prevent adenomas is unknown. Methods: The authors conducted a randomized, double-blind, placebo-controlled study of 41 young subjects (age range, 8 to 25 yr) who were genotypically affected with familial adenomatous polyposis but phenotypically unaffected. The subjects received either 75 or 150 mg of sulindac orally twice a day or identical-appearing placebo tablets for 48 mo. The number and size of new adenomas and side effects of therapy were evaluated every four months for four years, and the levels of five major prostaglandins were serially measured in biopsy specimens of normal-appearing colorectal mucosa. Results: After four years of treatment, the average rate of compliance exceeded 76 % in the sulindac group, and mucosal prostaglandin levels were lower in this group than in the placebo group. During the course of the study, adenomas developed in 9 of 21 subjects (43 %) in the sulindac group and 11 of 20 subjects in the placebo group (55 %) ( $P = 0.54$ ). There were no significant differences in the mean number ( $P = 0.69$ ) or size ( $P = 0.17$ ) of polyps between the groups. Sulindac did not slow the development of adenomas, according to an evaluation involving linear longitudinal methods. Conclusions: Standard doses of sulindac did not prevent the development of adenomas in subjects with familial adenomatous polyposis.

REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

AB Background: Familial adenomatous polyposis is caused by a germ-line mutation in the adenomatous polyposis coli gene and is characterized by the development of hundreds of colorectal adenomas and, eventually, colorectal cancer. Nonsteroidal antiinflammatory drugs can cause regression of adenomas, but whether they can prevent adenomas is unknown. Methods: The authors conducted a randomized, double-blind, placebo-controlled study of 41 young subjects (age range, 8 to 25 yr) who were genotypically affected with familial adenomatous polyposis but phenotypically unaffected. The subjects received either 75 or 150 mg of sulindac orally twice a day or identical-appearing placebo tablets for 48 mo. The number and size of new adenomas and side effects of therapy were evaluated every four months for four years, and the levels of five major prostaglandins were serially measured in biopsy specimens of normal-appearing colorectal mucosa. Results: After four years of treatment, the average rate of compliance exceeded 76 % in the sulindac group, and mucosal prostaglandin levels were lower in this group than in the placebo group. During the course of the study, adenomas developed in 9 of 21 subjects (43 %) in the sulindac group and 11 of 20 subjects in the placebo group (55 %) ( $P = 0.54$ ). There were no significant differences in the mean number ( $P = 0.69$ ) or size ( $P = 0.17$ ) of polyps between the groups. Sulindac did not slow the development of adenomas, according to an evaluation involving linear longitudinal methods. Conclusions: Standard doses of sulindac did not prevent the development of adenomas in subjects with familial adenomatous polyposis.

IT Prostaglandins  
RL: BSU (Biological study, unclassified); BIOL (Biological study)  
(colorectal mucosa prostaglandin levels as measure of

IT sulindac local effect in humans with familial adenomatous polyposis)  
IT Antitumor agents  
(colorectal, adenoma; primary chemoprevention of familial  
adenomatous polyposis with sulindac in humans)  
IT Intestine, neoplasm  
(colorectal, inhibitors, adenoma; primary chemoprevention of familial  
adenomatous polyposis with sulindac in humans)  
IT Intestine, neoplasm  
(familial polyposis; primary chemoprevention of familial adenomatous  
polyposis with sulindac in humans)  
IT Intestine  
(large, mucosa; colorectal mucosa prostaglandin levels as  
measure of sulindac local effect in humans with familial adenomatous  
polyposis)  
IT 363-24-6, Prostaglandin E2 551-11-1, Prostaglandin F2 $\alpha$   
13367-85-6, Prostaglandin B2 41598-07-6, Prostaglandin D2 58962-34-8,  
6-keto-Prostaglandin F1 $\alpha$   
RL: BSU (Biological study, unclassified); BIOL (Biological study)  
(colorectal mucosa prostaglandin levels as measure of  
sulindac local effect in humans with familial adenomatous polyposis)  
IT 38194-50-2, Sulindac  
RL: ADV (Adverse effect, including toxicity); PAC (Pharmacological  
activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)  
(primary chemoprevention of familial adenomatous polyposis  
with sulindac in humans)

=> d his

(FILE 'HOME' ENTERED AT 09:22:46 ON 14 DEC 2005)

FILE 'REGISTRY' ENTERED AT 09:22:55 ON 14 DEC 2005  
E "SULINDAC"/CN 25

L1 1 S E3

FILE 'CAPLUS' ENTERED AT 09:23:34 ON 14 DEC 2005

L2 1426 S L1  
L3 254068 S GASTROINTESTINGAL OR ESOPHAG? OR GASTIC? OR INTESTIN? OR COLO  
L4 1099978 S CANCER? OR TUMOR? OR NEOPLAS? OR POLYP?  
L5 65506 S L4 AND L3  
L6 234 S L5 AND L2  
L7 243958 S ORAL?  
L8 30 S L7 AND L6  
L9 186 S L2 (L) L4  
L10 121 S L9 AND L3  
L11 14 S L10 AND L7  
L12 9 S L11 NOT PY>2002

=> s lipsom? or microspher? or encapsulat? or polymer?

74 LIPSOM?  
27180 MICROSpher?  
55572 ENCAPSULAT?  
1820552 POLYMER?  
84067 POLYMD  
84067 POLYMD  
(POLYMD)  
31147 POLYMG  
326031 POLYMN  
8505 POLYMN  
327118 POLYMN  
(POLYMN OR POLYMN)  
1885881 POLYMER?  
(POLYMER? OR POLYMD OR POLYMG OR POLYMN)  
L13 1945587 LIPSOM? OR MICROSpher? OR ENCAPSULAT? OR POLYMER?

=> s 113 and 112  
L14 0 L13 AND L12

=> s 14 and 12  
L15 443 L4 AND L2

=> s 19 and 113  
L16 12 L9 AND L13

=> s 116 not py>2002  
3346380 PY>2002  
L17 3 L16 NOT PY>2002

=> d ibib 1-3

L17 ANSWER 1 OF 3 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2001:430708 CAPLUS  
DOCUMENT NUMBER: 135:236055  
TITLE: Rat colorectal tumors treated with a range of nonsteroidal anti-inflammatory drugs show altered cyclooxygenase-2 and cyclooxygenase-1 splice variant mRNA expression levels  
AUTHOR(S): Vogiagis, Daphne; Brown, Wendy; Glare, Eric M.; O'Brien, Paul E.  
CORPORATE SOURCE: Department of Surgery, Monash University Medical School, Alfred Hospital, Prahran, 3181, Australia  
SOURCE: Carcinogenesis (2001), 22(6), 869-874.  
CODEN: CRNGDP; ISSN: 0143-3334  
PUBLISHER: Oxford University Press  
DOCUMENT TYPE: Journal  
LANGUAGE: English  
REFERENCE COUNT: 49 THERE ARE 49 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L17 ANSWER 2 OF 3 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 1998:457250 CAPLUS  
DOCUMENT NUMBER: 129:76490  
TITLE: Method for treating a tumor with a chemotherapeutic agent and nonemulsified ultrapurified polymerized hemoglobin solution  
INVENTOR(S): Teicher, Beverly A.; Rausch, Carl W.; Hopkins, Robert E., II  
PATENT ASSIGNEE(S): Dana-Farber Cancer Institute, USA; Biopure Corp.  
SOURCE: U.S., 16 pp., Cont.-in-part of U. S. Ser. No. 94,501.  
CODEN: USXXAM  
DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 3  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5776898	A	19980707	US 1995-477110	19950607
US 5679638	A	19971021	US 1993-94501	19930720
PRIORITY APPLN. INFO.:			US 1991-699769	A2 19910514
			US 1993-94501	A2 19930720

REFERENCE COUNT: 59 THERE ARE 59 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L17 ANSWER 3 OF 3 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 1997:689536 CAPLUS  
DOCUMENT NUMBER: 127:326520  
TITLE: Method for treating a tumor with a chemotherapeutic agent  
INVENTOR(S): Teicher, Beverly A.; Rausch, Carl W.; Hopkins, Robert

PATENT ASSIGNEE(S): E., II  
 Biopure Corporation, USA; Dana Farber Cancer Institute  
 SOURCE: U.S., 12 pp., Cont.-in-part of U.S. Ser. No.  
 699,769, abandoned.  
 CODEN: USXXAM  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 3  
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5679638	A	19971021	US 1993-94501	19930720
US 5776898	A	19980707	US 1995-477110	19950607
PRIORITY APPLN. INFO.:			US 1991-699769	B2 19910514
			US 1993-94501	A2 19930720

=> d ibib abs kwic 1

L17 ANSWER 1 OF 3 CAPLUS COPYRIGHT 2005 ACS on STN  
 ACCESSION NUMBER: 2001:430708 CAPLUS  
 DOCUMENT NUMBER: 135:236055  
 TITLE: Rat colorectal tumors treated with a range of nonsteroidal anti-inflammatory drugs show altered cyclooxygenase-2 and cyclooxygenase-1 splice variant mRNA expression levels  
 AUTHOR(S): Vogiagis, Daphne; Brown, Wendy; Glare, Eric M.; O'Brien, Paul E.  
 CORPORATE SOURCE: Department of Surgery, Monash University Medical School, Alfred Hospital, Prahran, 3181, Australia  
 SOURCE: Carcinogenesis (2001), 22(6), 869-874  
 CODEN: CRNGDP; ISSN: 0143-3334  
 PUBLISHER: Oxford University Press  
 DOCUMENT TYPE: Journal  
 LANGUAGE: English  
 AB Nonsteroidal anti-inflammatory drugs (NSAIDs) reduce tumor mass by increasing tumor cell apoptosis and decreasing cell proliferation. The classically recognized targets for NSAID action are the two isoforms of the cyclooxygenase (COX) gene, which is responsible for prostaglandin production. In the rat, the COX-1 gene expresses an alternatively spliced mRNA COX-1 splice variant (SV) which may, at best, code for a truncated COX-1 protein. Previously, it was reported that COX-1SV mRNA is differentially expressed in the ageing stomach. In this study, carcinogen-treated rats were treated for 23 wk with the NSAIDs celecoxib, sulindac or sulindac sulfone, while untreated rats received vehicle alone. The nos. and vols. of tumor per animal were recorded and histol. was performed. The competitive polymerase chain reaction, was used to determine whether COX gene expression was altered in colorectal tumors and in regions of adjacent and distant macroscopically normal intestine, from vehicle- or NSAID-treated rats. In addition, COX-1 and COX-2 were immunolocalized in the same tumor and normal colonic tissue. Tumors from animals treated with vehicle or celecoxib expressed elevated levels of COX-2 mRNA in comparison with the adjacent normal mucosa. In contrast, tumors from sulindac- and sulindac sulfone-treated rats expressed less COX-2 mRNA than tumors from vehicle-treated rats. The expression of COX-1 mRNA remained unchanged in all tissues examined. However, COX-1SV mRNA contents were elevated in colorectal tumors and reduced after NSAID treatment to the values in normal colonic mucosa. The results indicate that the antineoplastic actions of NSAIDs may be attributed to COX-dependent and/or COX-independent mechanisms of action. The presence and differential expression of COX-1SV mRNA was also demonstrated in colon tumors. COX-1SV mRNA represents 2% of the total COX-1 mRNA expressed and its role in colon cancer remains to be established.

REFERENCE COUNT: 49 THERE ARE 49 CITED REFERENCES AVAILABLE FOR THIS

RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

- AB Nonsteroidal anti-inflammatory drugs (NSAIDs) reduce tumor mass by increasing tumor cell apoptosis and decreasing cell proliferation. The classically recognized targets for NSAID action are the two isoforms of the cyclooxygenase (COX) gene, which is responsible for prostaglandin production. In the rat, the COX-1 gene expresses an alternatively spliced mRNA COX-1 splice variant (SV) which may, at best, code for a truncated COX-1 protein. Previously, it was reported that COX-1SV mRNA is differentially expressed in the ageing stomach. In this study, carcinogen-treated rats were treated for 23 wk with the NSAIDs celecoxib, sulindac or sulindac sulfone, while untreated rats received vehicle alone. The nos. and vols. of tumor per animal were recorded and histol. was performed. The competitive polymerase chain reaction, was used to determine whether COX gene expression was altered in colorectal tumors and in regions of adjacent and distant macroscopically normal intestine, from vehicle- or NSAID-treated rats. In addition, COX-1 and COX-2 were immunolocalized in the same tumor and normal colonic tissue. Tumors from animals treated with vehicle or celecoxib expressed elevated levels of COX-2 mRNA in comparison with the adjacent normal mucosa. In contrast, tumors from sulindac- and sulindac sulfone-treated rats expressed less COX-2 mRNA than tumors from vehicle-treated rats. The expression of COX-1 mRNA remained unchanged in all tissues examined. However, COX-1SV mRNA contents were elevated in colorectal tumors and reduced after NSAID treatment to the values in normal colonic mucosa. The results indicate that the antineoplastic actions of NSAIDs may be attributed to COX-dependent and/or COX-independent mechanisms of action. The presence and differential expression of COX-1SV mRNA was also demonstrated in colon tumors. COX-1SV mRNA represents 2% of the total COX-1 mRNA expressed and its role in colon cancer remains to be established.
- IT 38194-50-2, Sulindac 59973-80-7, Sulindac sulfone 169590-42-5,  
Celecoxib  
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)  
(colorectal tumors treated with nonsteroidal anti-inflammatory drugs show altered cyclooxygenase-2 and cyclooxygenase-1 splice variant mRNA expression)

=> file medline  
COST IN U.S. DOLLARS  
FULL ESTIMATED COST

	SINCE FILE ENTRY	TOTAL SESSION
	64.77	70.01
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-3.65	-3.65

FILE 'MEDLINE' ENTERED AT 09:35:28 ON 14 DEC 2005

FILE LAST UPDATED: 8 DEC 2005 (20051208/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 will soon be available. For details on the 2005 reload, enter HELP RLOAD at an arrow prompt (>).  
See also:

<http://www.nlm.nih.gov/mesh/>  
[http://www.nlm.nih.gov/pubs/techbull/nd04/nd04\\_mesh.html](http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html)  
[http://www.nlm.nih.gov/pubs/techbull/nd05/nd05\\_med\\_data\\_changes.html](http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html)  
[http://www.nlm.nih.gov/pubs/techbull/nd05/nd05\\_2006\\_MeSH.html](http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html)

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the

MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> s SULINDAC/CN  
L18 919 SULINDAC/CN

=> s cancer? or tumor? or neoplas? or polyp?  
547932 CANCER?  
758323 TUMOR?  
1455946 NEOPLAS?  
155044 POLYP?  
L19 1879233 CANCER? OR TUMOR? OR NEOPLAS? OR POLYP?

=> s gastrointestingal or esophag? or gastric? or intestin? or colorect?  
1 GASTROINTESTINGAL  
101857 ESOPHAG?  
50 GASTIC?  
293936 INTESTIN?  
45036 COLORECT?  
L20 428581 GASTROINTESTINGAL OR ESOPHAG? OR GASTIC? OR INTESTIN? OR COLORECT?

=> s l19 and l20  
L21 125328 L19 AND L20

=> s l21 and l18  
L22 175 L21 AND L18

=> s liposom? or microspher? or encapsulat? or polymer?  
30623 LIPOSOM?  
21357 MICROSpher?  
15072 ENCAPSULAT?  
351141 POLYMER?  
L23 407843 LIPOSOM? OR MICROSpher? OR ENCAPSULAT? OR POLYMER?

=> s l23 and l22  
L24 8 L23 AND L22

=> s l24 not py>2002  
1733376 PY>2002  
L25 6 L24 NOT PY>2002

=> d ibib 1-3

L25 ANSWER 1 OF 6 MEDLINE on STN  
ACCESSION NUMBER: 2002696841 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 12458338  
TITLE: Effects of long-term administration of sulindac on APC mRNA and apoptosis in colons of rats treated with azoxymethane.  
AUTHOR: Kishimoto Y; Yashima K; Morisawa T; Ohishi T; Marumoto A; Sano A; Idobe-Fujii Y; Miura N; Shiota G; Murawaki Y; Hasegawa J  
CORPORATE SOURCE: Division of Pharmacotherapeutics, Department of Pathophysiological and Therapeutic Science, Faculty of Medicine, Tottori University, 86 Nishicho, Yonago 683-8503, Japan.. ykishimo@grape.med.tottori-u.ac.jp  
SOURCE: Journal of cancer research and clinical oncology, (2002 Nov) 128 (11) 589-95. Electronic Publication: 2002-10-04. Journal code: 7902060. ISSN: 0171-5216.  
PUB. COUNTRY: Germany: Germany, Federal Republic of  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals

ENTRY MONTH: 200301  
ENTRY DATE: Entered STN: 20021217  
Last Updated on STN: 20030118  
Entered Medline: 20030117

L25 ANSWER 2 OF 6 MEDLINE on STN  
ACCESSION NUMBER: 2001065648 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 11093808  
TITLE: Growth-suppressive effect of non-steroidal anti-inflammatory drugs on 11 colon-cancer cell lines and fluorescence differential display of genes whose expression is influenced by sulindac.  
AUTHOR: Akashi H; Han H J; Iizaka M; Nakamura Y  
CORPORATE SOURCE: Laboratory of Molecular Medicine, Human Genome Center, Institute of Medical Science, University of Tokyo, Tokyo, Japan.  
SOURCE: International journal of cancer. Journal international du cancer, (2000 Dec 15) 88 (6) 873-80.  
Journal code: 0042124. ISSN: 0020-7136.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200012  
ENTRY DATE: Entered STN: 20010322  
Last Updated on STN: 20010322  
Entered Medline: 20001222

L25 ANSWER 3 OF 6 MEDLINE on STN  
ACCESSION NUMBER: 2001064500 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 11076880  
TITLE: Sulindac and a cyclooxygenase-2 inhibitor, etodolac, increase APC mRNA in the colon of rats treated with azoxymethane.  
AUTHOR: Kishimoto Y; Takata N; Jinnai T; Morisawa T; Shiota G; Kawasaki H; Hasegawa J  
CORPORATE SOURCE: Department of Clinical Pharmacology, Faculty of Medicine, Tottori University, 86 Nishicho, Yonago 683-8503, Japan.. ykishimo@grape.med.tottori-u.ac.jp  
SOURCE: Gut, (2000 Dec) 47 (6) 812-9.  
Journal code: 2985108R. ISSN: 0017-5749.  
PUB. COUNTRY: ENGLAND: United Kingdom  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals  
ENTRY MONTH: 200012  
ENTRY DATE: Entered STN: 20010322  
Last Updated on STN: 20010322  
Entered Medline: 20001222

=> d ibib 4-6

L25 ANSWER 4 OF 6 MEDLINE on STN  
ACCESSION NUMBER: 2000295032 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 10833474  
TITLE: Par-4, a proapoptotic gene, is regulated by NSAIDs in human colon carcinoma cells.  
AUTHOR: Zhang Z; DuBois R N  
CORPORATE SOURCE: Division of Gastroenterology, Department of Medicine and Cell Biology, Vanderbilt University Medical Center, Veterans Affairs Medical Center, Nashville, Tennessee, USA.  
CONTRACT NUMBER: DK47297 (NIDDK)  
P30 CA68485 (NCI)  
PO CA77839 (NCI)

SOURCE: Gastroenterology, (2000 Jun) 118 (6) 1012-7.  
Journal code: 0374630. ISSN: 0016-5085.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals  
ENTRY MONTH: 200006  
ENTRY DATE: Entered STN: 20000629  
Last Updated on STN: 20021219  
Entered Medline: 20000621

L25 ANSWER 5 OF 6 MEDLINE on STN  
ACCESSION NUMBER: 1999333404 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 10403841  
TITLE: Redistribution of activated caspase-3 to the nucleus during butyric acid-induced apoptosis.  
AUTHOR: Mandal M; Adam L; Kumar R  
CORPORATE SOURCE: Cell Growth Regulation Laboratory, University of Texas M.D. Anderson Cancer Center, Houston, Texas, 77030, USA.  
SOURCE: Biochemical and biophysical research communications, (1999 Jul 14) 260 (3) 775-80.  
Journal code: 0372516. ISSN: 0006-291X.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 199908  
ENTRY DATE: Entered STN: 19990827  
Last Updated on STN: 20020420  
Entered Medline: 19990816

L25 ANSWER 6 OF 6 MEDLINE on STN  
ACCESSION NUMBER: 96334961 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 8707116  
TITLE: Sulindac increases the expression of APC mRNA in malignant colonic epithelial cells: an in vitro study.  
AUTHOR: Schnitzler M; Dwight T; Robinson B G  
CORPORATE SOURCE: Molecular Genetics Unit, Kolling Institute of Medical Research, Royal North Shore Hospital, St Leonards, NSW, Australia.  
SOURCE: Gut, (1996 May) 38 (5) 707-13.  
Journal code: 2985108R. ISSN: 0017-5749.  
PUB. COUNTRY: ENGLAND: United Kingdom  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals  
ENTRY MONTH: 199609  
ENTRY DATE: Entered STN: 19960919  
Last Updated on STN: 19970203  
Entered Medline: 19960910

=> d ibib abs kwic 4

L25 ANSWER 4 OF 6 MEDLINE on STN  
ACCESSION NUMBER: 2000295032 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 10833474  
TITLE: Par-4, a proapoptotic gene, is regulated by NSAIDs in human colon carcinoma cells.  
AUTHOR: Zhang Z; DuBois R N  
CORPORATE SOURCE: Division of Gastroenterology, Department of Medicine and Cell Biology, Vanderbilt University Medical Center, Veterans Affairs Medical Center, Nashville, Tennessee, USA.  
CONTRACT NUMBER: DK47297 (NIDDK)  
P30 CA68485 (NCI)

PO CA77839 (NCI)

SOURCE: Gastroenterology, (2000 Jun) 118 (6) 1012-7.  
Journal code: 0374630. ISSN: 0016-5085.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals

ENTRY MONTH: 200006

ENTRY DATE: Entered STN: 20000629  
Last Updated on STN: 20021219  
Entered Medline: 20000621

AB BACKGROUND & AIMS: Many reports indicate that nonsteroidal anti-inflammatory drugs (NSAIDs) have antineoplastic effects, but the precise molecular mechanism(s) responsible are unclear. We evaluated the effect of cyclooxygenase (COX) inhibitors (NSAIDs) on human colon carcinoma cells (HCA-7) and identified several genes that are regulated after treatment with NS-398, a selective COX-2 inhibitor. METHODS: Differential display polymerase chain reaction cloning techniques were used to identify genes regulated by treatment with NSAIDs and selective COX-2 inhibitors. RESULTS: A prostate apoptosis response 4 (Par-4) gene was up-regulated after NSAID treatment. Par-4 was first isolated from prostate carcinoma cells undergoing apoptosis, and expression of Par-4 sensitized cancer cells to apoptotic stimuli. Par-4 levels were increased in cells treated with COX inhibitors such as NS-398, nimesulide, SC-58125, and sulindac sulfide. Treatment of HCA-7 cells with these agents also induced apoptotic cell death. CONCLUSIONS: The results suggest that regulation of Par-4 contributes to the proapoptotic effects of high-dose COX inhibitors (NSAIDs) by serving as a downstream mediator leading to initiation of programmed cell death.

AB . . . cells (HCA-7) and identified several genes that are regulated after treatment with NS-398, a selective COX-2 inhibitor. METHODS: Differential display polymerase chain reaction cloning techniques were used to identify genes regulated by treatment with NSAIDs and selective COX-2 inhibitors. RESULTS: A. . . was up-regulated after NSAID treatment. Par-4 was first isolated from prostate carcinoma cells undergoing apoptosis, and expression of Par-4 sensitized cancer cells to apoptotic stimuli. Par-4 levels were increased in cells treated with COX inhibitors such as NS-398, nimesulide, SC-58125, and. . .

CT . . . pharmacology  
\*Apoptosis: DE, drug effects  
Apoptosis: GE, genetics  
Blotting, Northern  
Blotting, Western  
Carrier Proteins: AN, analysis  
\*Carrier Proteins: GE, genetics  
    Colonic Neoplasms  
Cyclooxygenase Inhibitors: PD, pharmacology  
DNA Fragmentation  
Gene Expression: DE, drug effects  
Gene Expression: PH, physiology  
Humans  
    Intestinal Mucosa: CH, chemistry  
    \*Intestinal Mucosa: CY, cytology  
    Intestinal Mucosa: EN, enzymology  
\*Intracellular Signaling Peptides and Proteins  
\*Nitrobenzenes: PD, pharmacology  
Protein Kinase C: ME, metabolism  
Pyrazoles: PD, pharmacology  
. . . Support, U.S. Gov't, Non-P.H.S.  
Research Support, U.S. Gov't, P.H.S.  
\*Sulfonamides: PD, pharmacology  
Sulindac: AA, analogs & derivatives  
Sulindac: PD, pharmacology  
    Tumor Cells, Cultured

RN 123653-11-2 (N-(2-cyclohexyloxy-4-nitrophenyl)methanesulfonamide);

162054-19-5 (1-((4-methylsulfonyl)phenyl)-3-trifluoromethyl-5-(4-fluorophenyl)pyrazole); 32004-67-4 (sulindac sulfide); 38194-50-2 (Sulindac); 51803-78-2 (nimesulide)

=> d his

(FILE 'HOME' ENTERED AT 09:22:46 ON 14 DEC 2005)

FILE 'REGISTRY' ENTERED AT 09:22:55 ON 14 DEC 2005  
E "SULINDAC"/CN 25

L1 1 S E3

FILE 'CAPLUS' ENTERED AT 09:23:34 ON 14 DEC 2005

L2 1426 S L1  
L3 254068 S GASTROINTESTINGAL OR ESOPHAG? OR GASTIC? OR INTESTIN? OR COLO  
L4 1099978 S CANCER? OR TUMOR? OR NEOPLAS? OR POLYP?  
L5 65506 S L4 AND L3  
L6 234 S L5 AND L2  
L7 243958 S ORAL?  
L8 30 S L7 AND L6  
L9 186 S L2 (L) L4  
L10 121 S L9 AND L3  
L11 14 S L10 AND L7  
L12 9 S L11 NOT PY>2002  
L13 1945587 S LIPOSOM? OR MICROSPHER? OR ENCAPSULAT? OR POLYMER?  
L14 0 S L13 AND L12  
L15 443 S L4 AND L2  
L16 12 S L9 AND L13  
L17 3 S L16 NOT PY>2002

FILE 'MEDLINE' ENTERED AT 09:35:28 ON 14 DEC 2005

L18 919 S SULINDAC/CN  
L19 1879233 S CANCER? OR TUMOR? OR NEOPLAS? OR POLYP?  
L20 428581 S GASTROINTESTINGAL OR ESOPHAG? OR GASTIC? OR INTESTIN? OR COLO  
L21 125328 S L19 AND L20  
L22 175 S L21 AND L18  
L23 407843 S LIPOSOM? OR MICROSPHER? OR ENCAPSULAT? OR POLYMER?  
L24 8 S L23 AND L22  
L25 6 S L24 NOT PY>2002

=> file caplus

COST IN U.S. DOLLARS

SINCE FILE ENTRY	TOTAL SESSION
3.52	73.53

FULL ESTIMATED COST

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)

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=> s liposom? or microspher? or encapsulat? or polymer?

48683 LIPOSOM?

27180 MICROSpher?

55572 ENCAPSULAT?

1820552 POLYMER?

84067 POLYMD

84067 POLYMD

(POLYMD)

31147 POLYMG

326031 POLYMN

8505 POLYMNS

327118 POLYMN

(POLYMN OR POLYMNS)

1885881 POLYMER?

(POLYMER? OR POLYMD OR POLYMG OR POLYMN)

L26 1984458 LIPOSOM? OR MICROSpher? OR ENCAPSULAT? OR POLYMER?

=> s 19 and 126

L27 15 L9 AND L26

=> s liposom? or microspher? or encapsulat?

48683 LIPOSOM?

27180 MICROSpher?

55572 ENCAPSULAT?

L28 122087 LIPOSOM? OR MICROSpher? OR ENCAPSULAT?

=> s 128 and 19

L29 11 L28 AND L9

=> s 129 not py>2002

3346380 PY>2002

L30 0 L29 NOT PY>2002

=> s 129 not py>2003

2266400 PY>2003

L31 0 L29 NOT PY>2003

=> d 129 ibib 1-4

L29 ANSWER 1 OF 11 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2005:591975 CAPLUS

DOCUMENT NUMBER: 143:53482

TITLE: Method for inhibiting the growth of gastrointestinal tract tumors

INVENTOR(S): Egilmez, Nejat K.

PATENT ASSIGNEE(S): USA

SOURCE: U.S. Pat. Appl. Publ., 21 pp.

CODEN: USXXCO

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2005147689	A1	20050707	US 2003-748003	20031230

CA 2491338 AA 20050630 CA 2004-2491338 20041223  
PRIORITY APPLN. INFO.: US 2003-748003 A 20031230

L29 ANSWER 2 OF 11 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2005:14227 CAPLUS  
DOCUMENT NUMBER: 142:107439  
TITLE: Cardiolipin synthesis inhibitor for treatment of cardiovascular disorders, and obesity  
INVENTOR(S): Jamil, Haris; Ahmad, Moghis U.; Ahmad, Imran  
PATENT ASSIGNEE(S): Neopharm, Inc., USA  
SOURCE: PCT Int. Appl., 48 pp.  
CODEN: PIXXD2  
DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005000318	A2	20050106	WO 2004-US20104	20040623
WO 2005000318	A3	20050414		
WO 2005000318	B1	20050526		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH,  
CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD,  
GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC,  
LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI,  
NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY,  
TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW  
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM,  
AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK,  
EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE,  
SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE,  
SN, TD, TG

PRIORITY APPLN. INFO.: US 2003-480669P P 20030623

L29 ANSWER 3 OF 11 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2004:877933 CAPLUS  
DOCUMENT NUMBER: 141:365149  
TITLE: Anti-PSGL-1 antibodies and scFv fragments for diagnosis, prognosis and therapy of cancer, metastasis, autoimmune disease and inflammation  
INVENTOR(S): Levanon, Avigdor; Ben-Levy, Rachel; Plaksin, Daniel; Szanton, Esther; Hagai, Yocheved; Mar-Chaim, Hagit Hoch  
PATENT ASSIGNEE(S): Israel  
SOURCE: U.S. Pat. Appl. Publ., 49 pp.  
CODEN: USXXCO  
DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2004208877	A1	20041021	US 2003-611588	20030630
PRIORITY APPLN. INFO.:			US 2002-393491P	P 20020701

L29 ANSWER 4 OF 11 CAPLUS COPYRIGHT 2005 ACS on STN  
ACCESSION NUMBER: 2004:856929 CAPLUS  
DOCUMENT NUMBER: 141:348831  
TITLE: Antibodies specific to epitopes involving cell rolling, metastasis and inflammation for treatment of tumor, restenosis, thrombosis, autoimmune disease and inflammation  
INVENTOR(S): Lazarovits, Janette; Nimrod, Abraham; Hoch, Mar-Chaim

PATENT ASSIGNEE(S): Hagit; Levanon, Avigdor  
SOURCE: Israel  
U.S. Pat. Appl. Publ., 22 pp.  
CODEN: USXXCO  
DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2004202665	A1	20041014	US 2003-610843	20030630
PRIORITY APPLN. INFO.:			US 2002-393453P	P 20020701

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION	
FULL ESTIMATED COST	23.21	96.74	
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION	
CA SUBSCRIBER PRICE	0.00	-3.65	

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MOST RECENT UPDATE WEEK: 200549 <200549/EW>  
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=> s SULINDAC  
L32 2826 SULINDAC

=> s 132/ab  
L33 9 (SULINDAC/AB)

=> s cancer? or tumor? or neoplas? or polyp?  
73935 CANCER?  
61948 TUMOR?  
21353 NEOPLAS?  
153344 POLYP?  
L34 196562 CANCER? OR TUMOR? OR NEOPLAS? OR POLYP?

=> s 134 and 133  
L35 7 L34 AND L33

=> s gastrointestinal or esophag? or gastric? or intestin? or colorect?  
4 GASTROINTESTINAL  
11126 ESOPHAG?  
83 GASTIC?  
38774 INTESTIN?  
8423 COLORECT?  
L36 47131 GASTROINTESTINAL OR ESOPHAG? OR GASTIC? OR INTESTIN? OR COLORECT?

=> s gastrointestinal or esophag? or gastric? or intestin? or colorect?  
28847 GASTROINTESTINAL

9 GASTROINTESTINALS  
28851 GASTROINTESTINAL  
(GASTROINTESTINAL OR GASTROINTESTINALS)  
11126 ESOPHAG?  
83 GASTIC?  
38774 INTESTIN?  
8423 COLORECT?  
L37 59284 GASTROINTESTINAL OR ESOPHAG? OR GASTIC? OR INTESTIN? OR COLORECT  
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=> s 137 and 135  
L38 7 L37 AND L35

=> s liposom? or microspher? or encapsulat?  
40590 LIPOSOM?  
15203 MICROSPHER?  
61501 ENCAPSULAT?  
L39 90511 LIPOSOM? OR MICROSPHER? OR ENCAPSULAT?

=> s 139 and 138  
L40 2 L39 AND L38

=> d ibib 1-2

L40 ANSWER 1 OF 2 PCTFULL COPYRIGHT 2005 Univentio on STN  
ACCESSION NUMBER: 2001035956 PCTFULL ED 20020820  
TITLE (ENGLISH): USE OF NSAIDs FOR THE TREATMENT OF PANCREATIC  
CANCER  
TITLE (FRENCH): UTILISATION DES AINS DANS LE TRAITEMENT DU  
CANCER DU PANCREAS  
INVENTOR(S): MARSHALL, Mark, Steven;  
SWEENEY, Christopher, J.;  
YIP-SCHNEIDER, Michelle, T.;  
CROWELL, Pamela, L.  
PATENT ASSIGNEE(S): ADVANCED RESEARCH AND TECHNOLOGY INSTITUTE, INC.;  
MARSHALL, Mark, Steven;  
SWEENEY, Christopher, J.;  
YIP-SCHNEIDER, Michelle, T.;  
CROWELL, Pamela, L.

DOCUMENT TYPE:  
PATENT INFORMATION:

NUMBER	KIND	DATE
WO 2001035956	A1	20010525

DESIGNATED STATES

W:

AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU  
CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN  
IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK  
MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM  
TR TT TZ UA UG US UZ VN YU ZA ZW GH GM KE LS MW MZ SD  
SL SZ TZ UG ZW AM AZ BY KG KZ MD RU TJ TM AT BE CH CY  
DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR BF BJ CF  
CG CI CM GA GN GW ML MR NE SN TD TG

APPLICATION INFO.:

WO 2000-US31410 A 20001115  
PRIORITY INFO.: US 1999-60/165,543 19991115

L40 ANSWER 2 OF 2

PCTFULL COPYRIGHT 2005 Univentio on STN

ACCESSION NUMBER:

1999049859 PCTFULL ED 20020515

TITLE (ENGLISH):

DFMO AND SULINDAC COMBINATION IN CANCER  
CHEMOPREVENTION

TITLE (FRENCH):

COMBINAISON DE DFMO ET DE SULINDAC DANS LA  
CHIMIOPREVENTION DU CANCER

INVENTOR(S):

GERNER, Eugene, W.;  
MEYSKENS, Frank, L., Jr.

PATENT ASSIGNEE(S):

THE ARIZONA BOARD OF REGENTS on behalf of THE

LANGUAGE OF PUBL.:  
DOCUMENT TYPE:  
PATENT INFORMATION:

UNIVERSITY OF ARIZONA;  
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA;  
GERNER, Eugene, W.;  
MEYSKENS, Frank, L., Jr.

English  
Patent

NUMBER	KIND	DATE
WO 9949859	A1	19991007

DESIGNATED STATES  
W:

AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK  
EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP  
KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL  
PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG US UZ VN  
YU ZA ZW GH GM KE LS MW SD SL SZ UG ZW AM AZ BY KG KZ  
MD RU TJ TM AT BE CH CY DE DK ES FI FR GB GR IE IT LU  
MC NL PT SE BF BJ CF CG CI CM GA GN GW ML MR NE SN TD  
TG

APPLICATION INFO.: WO 1999-US6693 A 19990326  
PRIORITY INFO.: US 1998-60/079,850 19980328

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L40 ANSWER 1 OF 2 PCTFULL COPYRIGHT 2005 Univentio on STN  
TIEN USE OF NSAIDs FOR THE TREATMENT OF PANCREATIC CANCER  
TIFR UTILISATION DES AINS DANS LE TRAITEMENT DU CANCER DU PANCREAS  
ABEN The invention provides a method comprising the use of non-steroidal antiinflammatory drugs (NSAIDs), particularly sulindac or its analogs to treat pancreatic cancer.

DETD USE OF NSAIDs FOR THE TREATMENT OF PANCREATIC CANCER  
Background of the Invention  
Cancer of the pancreas ranks just behind lung cancer, colon cancer, and breast cancer as the most common cause of death by cancer (1). It is more common among men, and men between the ages of 60 and 70 are most at risk.

The cause of pancreatic cancer is unknown.

which are not fully understood, usually is 10 significant. The average loss is about 25 pounds. Jaundice occurs if the cancer blocks the common bile duct. The survival rate with pancreatic cancer is poor.

By the time the malignant tumor is identified, it often has spread (metastasized) to other parts of the body. The median survival is little more than six.

Often the tumor cannot be removed by surgery, either because it has invaded vital structures that cannot be removed or because it has spread to distant sites. Chemotherapy and radiation therapy can be used on the tumor, although these treatments often are not beneficial.

Easton, PA (18th ed., 1990) at pages 1115

There is a large amount of literature on the effect of NSAIDs on

cancer,  
particularly colon cancer. For example, see H. A. Weiss et al., Scand J.

in vitro, but that indomethacin, ketorolac and NS-398, did not. Sulindac has been investigated in combination therapy for the treatment of colon cancer. See, H. M. Verheul et al., Brit- J. Cance , 79, 114 (1999); F. A. Sinicrope et al., Clin. Cancer Res-, 2, 37 (1996); and M. Mooghen et al., J. Pathol., LI]6, 394 (1988).

C. P. Duffy et al., Eur. J. Cancer, 34, 1250 (1998), reported that the cytotoxicity of certain chemotherapeutic drugs was enhanced when they were combined with certain non-steroidal anti-inflammatory agents. The effects observed against human lung cancer cells and human leukemia cells were highly specific and not predictable; i.e., some combinations of NSAID and agent were effective and some. . .

a PCT application (WO98/18490) on October 24, 1997, directed to a combination of a substrate for MRP, which can be an anti-cancer drug, and a NSAID that increases the potency of the anti-cancer drug.

Therefore, a continuing need exists for methods to control cancers, and to increase the potency of anti-cancer drugs with relatively non-toxic agents.

#### Summ= of the Invention

In one aspect, the present invention provides a therapeutic method to treat pancreatic cancer, comprising administering to a mammal afflicted with pancreatic cancer an amount of a NSAID, preferably sulindac ((Z) fluoro methyl-1-[(4-(methylsulfinyl)phenyl] methylene]-1H-Indene acetic acid), or an analog thereof, preferably one that is a COX-2 inhibitor, effective to inhibit the viability of pancreatic cancer cells of said mammal. The present invention also provides a method of increasing the susceptibility of human pancreatic

cancer cells to a chemotherapeutic agent comprising contacting the cells with an effective sensitizing amount of a NSAID, preferably sulindac, or said analog thereof. Thus, the invention provides a therapeutic method for the treatment of a human or other mammal afflicted with pancreatic cancer, wherein an effective amount of an NSAID, preferably sulindac or said analog thereof is administered to a subject afflicted with pancreatic cancer and undergoing treatment with a 5 chemotherapeutic (antineoplastic) agent.

Preferably, sulindac is administered in conjunction with one or more chemotherapeutic agents effective against pancreatic cancer such as gemcitabine or 5-FU.

A method of evaluating the ability of sulindac to sensitize pancreatic cancer cells to a chemotherapeutic agent is also provided. The assay method comprises: (a) isolating a first portion of pancreatic cancer cells from a human cancer patient; (b) measuring their viability; (c) administering sulindac, or said analog thereof, to said patient; (d) isolating a second portion of pancreatic cancer cells from said patient; (e) measuring the viability of the second portion of pancreatic cancer cells; and (f) comparing the viability measured in step (e) with the viability measured in step (b); wherein reduced viability in

(b) and (e) are carried out in the presence of the chemotherapeutic agent, as will be the case when the pancreatic cancer cells are derived from the blood of a mammal afflicted with pancreatic cancer.

Thus, a cancer patient about to undergo, or undergoing, treatment for pancreatic cancer can be rapidly evaluated to see if he/she will benefit from concurrent chemotherapy and administration of sulindac or an analog thereof.

#### Description of the Figures

Figure 1. Photocopy of a representative immunoblot of pancreatic adenocarcinomas and matched normal tissue. Lysates were prepared from tumor

(T) specimens obtained from six patients, three with matched normal (N) tissue

(sample numbers correspond to those listed in Table 1). Lysates expresses neither COX-I or COX

Figure 2. Percent COX-2 expression in patient samples. Values of % COX-2 expression for all tumor samples, shown by solid circles, and non-tum

tissue, shown by open circles, from Table I are plotted. Values for mean, median

and range are indicated. The % COX-2 expression for the matched pancreatic

tumor/normal tissue sets is shown in the inset ( $n = 11$ ).

Lines are drawn between

the corresponding tumor values, shown by solid circles, and non-tum values,

shown by the open circles. The difference in COX-2 expression between tumor

and non-tum specimens was determined to be statistically significant ( $P = 0.004$ ).

Figure 3. COX-2 expression in pancreatic tumor cell lines. A)

COX-2 expression in human pancreatic cell lines detected by immunoblot analysis. The

K-ras mutation status of each of the

Figure 4. Effect of COX inhibitors on the growth of pancreatic tumor

cell lines. The cell lines BxPC-3, shown by the black bars, and PaCa-2, shown by the hatched bars, were plated in the.

Figure 5. Prostaglandin E2 production. A) PGE2 levels in pancreatic tumor cell lines. Following incubation of exponentially growing cells with 15 gM arachidonic acid in serum-free media for one hour, PGE2 levels.

Figure 6 is a graph depicting the effect of a combination of sulindac and gemcitabine on the growth of pancreatic tumor cell line BxPC.

Figure 7 is a graph depicting the effect of a combination of sulindac and

gemcitabine on the growth of pancreatic tumor cell line PaCa

#### Detailed Description of the Invention

Difficulty in achieving early diagnosis as well as the aggressive nature of pancreatic cancer contribute to the low survival rate of patients with pancreatic

cancer. Since few options exist for the treatment of pancreatic cancer, it is

important to identify potential targets for drug therapy. In an effort to gain more

insight into pancreatic tumorigenesis] pancreatic tumors have been analyzed at

the molecular level to detect genetic lesions. Activating mutations within the K-

ras gene have been detected in up to 90% of pancreatic carcinomas, suggesting

that activation of the Ras pathway is important in the development of pancreatic

cancer (2). Experimental chemotherapeutic strategies for pancreatic cancer

patients currently include drugs which target the Ras signal transduction pathway.

For

example, epidemiological studies have shown that prolonged use of aspirin or

other nonsteroidal anti-inflammatory drugs (NSAIDs) can reduce the risk of

colon cancer by 40-50% (3). NSAIDs also inhibit chemically induced colon

carcinomas in animal model systems (4). Since NSAIDs are known to inhibit

cyclooxygenase. . . esters, and growth factors (5, 6). COX-2 expression has

recently been shown to be elevated in several different types of human cancer,

suggesting that the presence of COX-2 correlates with cancer development (7-

11). Additional studies which directly link COX-2 to carcinogenesis include

observations that human colon cancer cells expressing COX-2 acquire increased

invasiveness (12) and that COX-2 expressed in intestinal epithelial cells inhibits

apoptosis (13). COX-2 expression in colon cancer cells has also been found to

promote angiogenesis of co-cultured endothelial cells by stimulating the production of angiogenic factors (14). Furthermore, direct genetic

evidence linking COX-2 to colorectal tumorigenesis was provided by a mouse model for human familial adenomatous polyposis (FA-P), an inherited condition leading to colorectal cancer; in this system, COX-2 gene knockouts and a specific COX-2 inhibitor were found to reduce the number of intestinal polyps formed (15).

The presence of oncogenic Ras has been associated with the induction of COX-2 expression in H-ras-transformed rat intestinal and mammary epithelial cells as well as in non-small cell lung cancer cell lines (16-18). To our knowledge, the association between oncogenic Ras and COX-2 expression has not been explored *in vivo*. The high frequency of activating mutations within the K-ras gene in pancreatic tumors should enable us to investigate the relationship between oncogenic K-ras and COX-2 expression *in vivo*. In the present study, we evaluated COX-2 protein levels in primary human pancreatic adenocarcinomas. We further examined whether COX-2 expression correlated with K-ras mutation status in pancreatic tumors as well as in pancreatic cancer cell lines. In light of our data demonstrating elevated levels of COX-2 protein in primary pancreatic tumors and cell lines, we tested the effect of the COX inhibitors sulindac, indomethacin and NS-398 on cell growth and prostaglandin E2 production in human pancreatic tumor cell lines.

Cyclooxygenase-2 (COX-2) expression is upregulated in several types of human cancers and has also been directly linked to carcinogenesis. To investigate the role of COX-2 in pancreatic cancer, we evaluated COX-2 protein expression in primary human pancreatic adenocarcinomas ( $n = 23$ ) and matched normal adjacent tissue ( $n = 11$ ) by immunoblot analysis. COX-2 expression was found to be significantly elevated in the pancreatic tumor specimens compared to normal pancreatic tissue. To examine whether the elevated levels of COX-2 protein observed in pancreatic tumors correlated with the presence of oncogenic K-ras, we determined the K-ras mutation status in a subset of the tumors and corresponding non-tumoral tissues. The presence of oncogenic K-ras did not correlate with the level of COX-2 protein expressed in the pancreatic adenocarcinomas analyzed. These observations were also confirmed in a panel of human pancreatic tumor cell lines. Furthermore, in the pancreatic tumor cell line expressing the highest level of COX-2 (BxPC-3), COX-2 expression was demonstrated to be independent of Erk1/2 Map kinase activation. The lack of correlation between COX-2 and oncogenic K-ras expression suggests that Ras activation may not be sufficient to inducing COX-2 expression in pancreatic

tumor cells and that the aberrant activation of signaling pathways other than Ras may be required for up-regulating COX-2 expression. We also. . . report that the COX inhibitors sulindac, indomethacin, and NS-398 inhibited cell growth in both COX positive (BxPC-3) and COX negative (PaCa-2) pancreatic tumor cell lines. However, suppression of cell growth by indomethacin and NS-398 was significantly greater in the BxPC-3 cell line compared to. . . that COX-2 may play an important role in pancreatic tumorigenesis and therefore be a promising chemotherapeutic target for the treatment of pancreatic cancer.

I 0

Other NSAIDs, including indomethacin and NS-398 also the growth of pancreatic tumor cell lines, as discussed hereinbelow, and can also be used in the present method, alone, or preferably in combination with sulindac.

or infusion in dosages of about 500-4000 Mg/M<sup>2</sup> /week for up to 7 weeks/cycle for treatment of localized or metastatic pancreatic cancer (adenocarcinoma of the pancreas). It can also be administered in conjunction with other anti-cancer agents, such as 5-FU. See, PDR (53rd ed., 1999) at pages 1578

The effect of sulindac or NS-398 alone and in combination with gemcitabine on the growth of pancreatic tumor cells BxPC-3 and PaCa-2 was investigated. Treatment with the drug combinations inhibited the growth of both cell lines to a greater extent. . . NF-KB DNA binding activity was inhibited by parthenolide treatment. These results suggest that anti-inflammatory drugs may enhance the effectiveness of gemcitabine against pancreatic tumors.

of a prophylactic or therapeutic dose of sulindac, an analog thereof or a combination thereof, in the acute or chronic management of

cancer, i.e., pancreatic cancer, will vary with the stage of the cancer, such as the solid tumor to be treated, the chemotherapeutic agent(s) or other anti-cancer therapy used, and the route of administration. The dose, and perhaps the dose frequency, will also vary according to the age, body. . .

5 chemotherapy regimen. The sulindac, in some cases, may be combined with the same carrier or vehicle used to deliver the anti-cancer chemotherapeutic agent.

sterile powders comprising the active ingredient which are adapted for the extemporaneous preparation of sterile injectable or infusible solutions or dispersions, optionally encapsulated in liposomes. In all cases, the ultimate dosage form must be

sterile, fluid and stable under the conditions of manufacture and storage. The . . . like), vegetable oils, non-toxic glyceryl esters, and suitable mixtures thereof. The proper fluidity can be maintained, for example, by the formation of liposomes, by the maintenance of the required particle size in the case of dispersions or by the use of surfactants. The prevention. . .

were obtained from the Indiana University Tissue Procurement Laboratory and the Cooperative Human Tissue Network (CHTN) which is funded by the National Cancer Institute. A total of 23 primary human pancreatic cancer specimens were analyzed in this study.

within 1 hour of surgical removal and subsequently stored at -80°C. Paraffin sections were prepared from a subset of the specimens. All tumor specimens used in this study were examined by a pathologist and classified as primary pancreatic adenocarcinomas.

5. Statistical Analysis. The presence of statistically significant elevation of COX-2 protein between cancer specimens and corresponding normal adjacent tissues was determined by the nonparametric signed rank test. A two-way analysis of variance (ANOVA) was used. . .

6. Cell Lines. The human pancreatic tumor cell lines (AsPC-1, BxPC-3, Capan-1, Capan-2, HPA-F-11, Hs766T, PaCa-2 and PANC-1) were obtained from the American Type Culture Collection (ATCC, Rockville, MD). . .

Undetectable levels of COX-2 protein were observed in each of the normal specimens. In contrast, COX-2 protein expression in the pancreatic tumor tissues ranged from undetectable (sample #2 1) to slight/moderate (samples #12, 14, 20) to high levels (samples #9, 22). COX-1 protein was observed in both pancreatic tumor and normal tissues, although the level of expression was variable and not consistently elevated in the tumor specimens (Figure 1). Similar levels of p21' and actin expression were found in both the tumor and corresponding normal tissues (Figure 1).

narrower range (0 3%) of COX-2 expression in the normal tissues. Both the mean and median COX-2 expression were higher in the tumor samples, suggesting that COX-2 expression is elevated in pancreatic adenocarcinomas compared to normal tissue. The difference in COX-2 expression between the pancreatic tumor and corresponding normal tissue was determined to be statistically significant ( $P = 0.004$ ) (Figure 2, inset).

less than 5% respectively, which

corresponds closely with visual detection in the immunoblots. According to these criteria, 6 out of 11 (55%) tumor samples in the matched tissue sets were COX-2 positive. Similarly, 13 out of the 23 (56%) total tumor specimens analyzed were COX-2 positive; in contrast, all the normal tissue samples (n = 1) were COX-2 negative.

Immunohistochemical staining of the pancreatic tumor specimens demonstrated that COX-2 expression was localized to the carcinoma cells and was not detectable in the stromal compartment of the tumors (Figure 3).

#### Example 2

COX-2 expression and K-ras mutation in pancreatic tumors and cell lines

To determine if COX-2 expression levels correlated with the K-ras mutation status of the tumors, genomic DNA was isolated from a subset of the tissue specimens and screened for the presence of K-ras mutations at codon . . .

the normal tissues analyzed were wild-type at codon 12 (GGT = Gly) and codon 13

(GGC = Gly). Of the 13 pancreatic cancer specimens analyzed, one specimen had a mutation at codon 13 whereas 10 samples were mutated at codon 12, corresponding to a K-ras. . . extent of COX-2 protein expression. For example, some samples expressed high levels of COX-2 protein

and possessed a mutation in K-ras (i.e., tumor samples #9, 16 and 22); however,

other samples which had mutated K-ras expressed little or no COX-2 protein

(i.e., tumor samples #3, 17, 18, 19, and 21).

with known K-ras mutation status (25, 26). Both the frequency and variability in the quantity of COX-2 expressed in the pancreatic tumor cell lines

reflected our findings in the primary pancreatic adenocarcinomas. Of the eight

human pancreatic tumor cell lines analyzed, only three of the seven cell lines

expressing oncogenic K-ras exhibited detectable levels of COX-2 protein (Capan-1, Capan-2 and . . . (Figure 4B)). Taken

together, our results suggest that activation of the Ras pathway is not sufficient

for mediating COX-2 upregulation in pancreatic tumor cells.

We also compared

the level of COX-2 expression in three hamster pancreatic cell lines,

The

D27/K-ras and B 12/13 transformed cell. . . parental line (Figure 4Q).

These results confirm our conclusion that

Ras activation alone is not sufficient for upregulating COX-2 expression in

pancreatic cancer cells and suggest that additional events

which occur following

exposure to chemical carcinogens may be required.

To examine whether COX-2 expression could be induced in the human

pancreatic cancer cell lines, four cell lines were serum-starved and subsequently treated with 10% FCS for various time periods (F1 crure 4D). In.

is activated (unpublished observations), again demonstrating that Erk 1/2 activation is not sufficient for inducing COX-2 expression in the COX negative pancreatic tumor cells. We observed similar results upon treating the cell lines with the tumor promoter, PMA (unpublished observations).

Example 3

Treatment of pancreatic tumor cell lines with cyclooxygenase inhibitors

The COX positive human pancreatic tumor cell lines, BxPC-3, and the COX negative cell line, PaCa-2, were treated with the COX inhibitors sulindac, indomethacin, or NS Sulindac and. . . was measured after three days of treatment (Figure 5). All three inhibitors were found to suppress cell growth in both pancreatic tumor cell lines in a dose-dependent manner. However, indomethacin and NS-398 were found to inhibit cell growth to a greater extent in the. . .

To evaluate the functional activity of COX-2 in the human pancreatic tumor cell lines, prostaglandin E2 (PGE<sub>2</sub>) production was measured by enzymeimmunoassay (Figure 6A). PGE<sub>2</sub> production was elevated in the BxPC-3, Capan-1, Capan-2. . .

These data demonstrate that the combination of sulindac and gemcitabine is more effective than either compound alone in pancreatic tumor cells.

as well as inflammatory agents (5, 6, 29). Recent studies have shown that COX-2 expression is upregulated in a variety of human cancers, including colon, lung, gastric, pancreatic and esophageal (7-11). In the present study, we report that elevated levels of COX-2 protein are expressed in human pancreatic tumors compared to barely detectable levels in the matched non-tumoral pancreatic tissue, suggesting that increased expression of COX-2 protein correlates with pancreatic tumorigenesis. Our results confirm a recent report demonstrating upregulation of COX-2 RNA and protein in pancreatic tumors and localization of COX-2 in malignant epithelial cells (11). An earlier study demonstrated that the expression of group 11 phospholipase A<sub>2</sub>,. . . phospholipids, was higher in pancreatic ductal adenocarcinomas compared to normal pancreatic tissue (30). In addition, the development of N-nitrosobis(2-oxopropyl)amine (BOP)-initiated pancreatic tumors in hamsters was inhibited by the administration of two prostaglandin synthesis inhibitors, phenylbutazone and indomethacin (31). Together with our observations in. . . that increased prostaglandin production due to the increased expression of COX-2 may be an important event in the

multi-step progression towards pancreatic tumor formation.

as well as prostaglandin E2 were detected in Ras-transformed mammary epithelial cells (C57/MG) cells (I 7). In human non-small cell lung cancer (NSCLQ cell lines expressing oncogenic K-Ras, increased PGE2 production was mediated by constitutively high expression of cytosolic, phospholipase A, and COX-2 compared. . . . the expression of detectable levels of COX-2 protein. A possible explanation for the lack of COX-2 expression in a subset of the tumors with oncogenic Ras is that Erk1/2 activity may be down-regulated in pancreatic carcinomas (26). Moreover, even in the two pancreatic

tumor samples which did show elevated levels of activated Erk1/2 (samples #4 and 21, data not shown), only low levels of COX-2. . . . in the present study, suggesting that Erk1/2 activation alone is not sufficient for inducing COX-2 expression. These findings suggest that within the tumor environment, the presence of oncogenic K-ras does not directly result in increased COX-2 expression in pancreatic cancer.

Similar conclusions were also reached upon analysis of pancreatic cancer cell lines, which were examined since they represent a homogenous population of cells as opposed to primary tumor tissue which is heterogenous. Despite activating K-ras mutations in seven out of the eight lines, only three of the lines with mutated. . . . of COX-2 expression. Activation of other signaling pathways in addition to Ras may cooperate to determine the extent of COX-2 expression in cancer cells. Such pathways may include the p38 mitogen-activated protein kinase which has been reported to regulate the induction of COX-2 in lipopolysaccharide-treated. . . . the cell type as well as the stimulus. Further experiments will be required to delineate which signaling pathways are function in pancreatic tumor cells.

expressing cell lines. These data suggest that the COX inhibitors exert their inhibitory effects by both COX/PGE<sub>2</sub>-dependent and -independent pathways in pancreatic tumor cell lines.

The detection of elevated levels of COX-2 in a variety of human cancers combined with the chemopreventative effect of NSAIDs in colon cancer I 0 demonstrate that COX-2 is an important participant in carcinogenesis. The reported biological consequences of COX-2 upregulation include inhibition of apoptosis (13), increased metastatic potential (12) and promotion of

anglogenesis

(14). These events may contribute to cell transformation and tumor progression.

COX-2 expression was noticeably elevated in 55% of the patient pancreatic

tumor samples analyzed, identifying COX-2 as a new target for chemotherapy.

These results demonstrate the ability of COX inhibitors to inhibit pancreatic

tumor cell growth and PGE<sub>2</sub> production in vitro indicate that NSAIDs may be effective in the treatment of pancreatic cancer patients, for whom few treatment options currently exist. COX-2 expression is also useful as a prognostic or diagnostic tool.

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TABLE 1. Analysis of Patient Samples

Tissue Sample	Tissue Type	% COX-2	b	% Cancer	c	K-rasE
1	pancreatic adenocarcinoma	7.0	10	WT		
2	pancreatic adenocarcinoma	2.0	95			
3	pancreatic adenocarcinoma	0.2	15	GGC to CG,		
4	pancreatic adenocarcinoma	3.6	.	.	N normal	0.1 -
12	pancreatic adenocarcinoma	1	15			
14	pancreatic adenocarcinoma	31	ND			
Tissue Sample	Tissue Type	% COX-2	b	% Cancer	c	K-ras
15	pancreatic adenocarcinoma	7.8	25	GGT to		
15N	normal	4.3	-	I		
16	pancreatic adenocarcinoma	66	35	GGT to		
16N	non-nal.	.	.			

c The percent cancer was determined by visualization following hematoxylin/eosin staining of slides prepared from paraffin sections.

CLMEN I . A method of reducing the viability of pancreatic cancer cells comprising contacting the cancer cells with an effective amount of an NSAID.

2 A method of increasing the susceptibility of mammalian pancreatic cancer cells to a chemotherapeutic agent comprising contacting the cells with an

effective sensitizing amount of an NSAID.

4 The method of claim 1 or 2 wherein the mammalian cancer cells are human cancer cells.

5 The method of claim 3 wherein the sulindac or the analog thereof is administered to a human cancer patient.

6 The method of claim 5 wherein the cancer patient is undergoing treatment with a chemotherapeutic agent.

9 A method of evaluating the ability of sulindac or an analog thereof that is

a COX-2 inhibitor to sensitize pancreatic cancer cells to a chemotherapeutic agent comprising:

(a) isolating a first portion of pancreatic cancer cells from a human

pancreatic cancer patient;

(b) measuring their viability;

(c) administering sulindac or the analog thereof to said patient;

(d) isolating a second portion of pancreatic cancer cells from said

patient;

(e) measuring the viability of the second portion of pancreatic cancer cells; and

(f) comparing the viability measured in step (e) with the viability measured in step (b); wherein reduced viability in step (e) indicates.

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    TUMOR NORMAL

(n--23)

y1wMian = 5.2% median = 02%  
nwan = 15.2 +/- 24.9% mcan 0.83 +/- 1.3%  
v2mge = 0 - 93% map 0. . . Sulindac IndometIL NS-398  
% inhibition: 0 07 90 F957 98 759 86  
/8  
Effect of Sulindac + Gemcitabine on the growth of the  
pancreatic tumor cell line, BxPC-3 (day 3)  
125 -  
100 I Gem alone  
75 -  
1,100+ e  
50 - T  
em  
sul, 500 + Gem  
0 5 10 15 20. . . and Technology Institute, Inc.  
Marshall, Mark Steven  
Sweeney, Christopher J.  
Yip-Schneider, Michele T.  
Crowell, Pamela L.  
10<120> Use of NSAIDs for the treatment of pancreatic cancer  
<130> 740.018W01  
<150> US 60/165,543  
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<212> DNA  
<213> Homo sapiens  
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atgactgaat ataaaacttgt 20  
<210> 2  
30<211>. . . search (name of data base and, where practical, search  
terms used)  
EPO-Internal, WPI Data, PAJ,, CHEM ABS Data, MEDLINE, EMBASE, BIOSIS,  
CANCERLIT  
C. DOCUMENTS CONSIDERED TO BE RELEVANT  
Category Citation of document, with indication, where appropriate, of  
the relevant passages Relevant to claim No.  
PqX SWEENEY J. ET AL.: INHIBITION OF CELL 1-11  
GROWTH IN PANCREATIC TUMOR CELLS BY  
ANTI-INFLAMMATORY DRUGS11  
PROCEEDINGS OF THE AMERICAN ASSOCIATION  
FOR CANCER RESEARCH,  
vol. 41, March 2000 (2000-03),, page 527  
XPOO2164391  
USA  
ABSTRACT #3358  
abstract  
Further documents are listed in the continuation of box C. Patent family  
members. . . passages Relevant to claim NO.  
PqX MARSHALL M.S. ET AL.: SUPPRESSION OF 1-11  
PANCREATIC DUCTAL ADENOCARCINOMA GROWTH BY  
.SULINDACH  
PROCEEDINGS OF THE AMERICAN ASSOCIATION  
FOR CANCER RESEARCH,  
vol. 41, March 2000 (2000-03), page 526  
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ABSTRACT #3349  
abstract  
P9X T.YIP-SCHNEIDER M. ET AL.: COX-2 1-11  
EXPRESSION IN HUMAN PANCREATIC  
ADENOCARCINOMAS11  
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vol. 21, no. 2, . . . XPO00984815  
the whole document  
X MOLINA M, ET AL.: INCREASED COX-2 1-11  
EXPRESSION IN HUMAN PANCREATIC CARCINOMAS  
AND CELL LINES: GROWTH INHIBITION NY  
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS11  
CANCER RESEARCH,  
vol. 59, no. 17, September 1999 (1999-09),  
pages 4356-4362, XPO00984712  
the whole document  
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REGENTS). . .

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---Logging off of STN---

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Executing the logoff script...

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	13.17	109.91
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
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LOGINID:SSSPTA1642BJF

PASSWORD:

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NEWS EXPRESS DECEMBER 02 CURRENT VERSION FOR WINDOWS IS V8.01,  
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=> s microspher?  
L1 15203 MICROSPHER?

=> s 11/ti .  
L2 343 (MICROSPHER?/TI)

=> s 11/ab  
L3 990 (MICROSPHER?/AB)

=> s 12 or 13  
L4 1026 L2 OR L3

=> s polyanhydride  
1149 POLYANHYDRIDE  
5384 POLYANHYDRIDES  
L5 6164 POLYANHYDRIDE  
(POLYANHYDRIDE OR POLYANHYDRIDES)

=> s sulindac  
L6 2826 SULINDAC

=> s 16 and 14  
L7 16 L6 AND L4

=> s 17 and 15  
L8 3 L7 AND L5

=> d ibib 1-3

L8 ANSWER 1 OF 3 PCTFULL COPYRIGHT 2005 Univentio on STN  
ACCESSION NUMBER: 2005081825 PCTFULL ED 20050914 EW 200536  
TITLE (ENGLISH): ABUSE RESISTANT OPIOID TRANSDERMAL DELIVERY DEVICE  
CONTAINING OPIOID ANTAGONIST MICROSPHERES  
TITLE (FRENCH): DISPOSITIF DE DISTRIBUTION TRANSDERMIQUE D'OPIOIDES  
EMPECHANT UNE UTILISATION ABUSIVE ET CONTENANT DES  
MICROSPHERES D'ANTAGONISTES D'OPIOIDES  
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AGENT: DAVIDSON, Clifford, M.S., Davidson, Davidson & Kappel,  
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10018\$, US  
LANGUAGE OF FILING: English  
LANGUAGE OF PUBL.: English  
DOCUMENT TYPE: Patent  
PATENT INFORMATION:  
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WO 2005081825 A2 20050909  
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PRIORITY INFO.: US 2004-60/547,196 20040223

L8 ANSWER 2 OF 3  
ACCESSION NUMBER: PCTFULL COPYRIGHT 2005 Univentio on STN  
TITLE (ENGLISH): 2004052339 PCTFULL ED 20040630 EW 200426  
TITLE (FRENCH): PH TRIGGERED TARGETED CONTROLLED RELEASE SYSTEMS  
INVENTOR(S): SYSTEMES DE LIBERATION CONTROLEE CIBLEE A DECLENCHEMENT  
FONCTION DU PH  
SHEFER, Adi, 14 Jason Drive, East Brunswick, NJ 08816,  
US;  
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McKay, P.A., 100 Thanet Circle, Suite 306, Princeton, NJ  
08540\$, US  
LANGUAGE OF FILING: English  
LANGUAGE OF PUBL.: English  
DOCUMENT TYPE: Patent  
PATENT INFORMATION:

NUMBER	KIND	DATE
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WO 2004052339	A1	20040624

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RW (EAPO): AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LU  
RW (EPO): MC NL PT RO SE SI SK TR  
APPLICATION INFO.: BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG  
PRIORITY INFO.: WO 2003-US26142 A 20030821  
US 2002-10/315,801 20021209

L8 ANSWER 3 OF 3  
ACCESSION NUMBER: PCTFULL COPYRIGHT 2005 Univentio on STN  
TITLE (ENGLISH): 1996040090 PCTFULL ED 20020514  
METHOD FOR REDUCING OR PREVENTING POST-SURGICAL  
ADHESION FORMATION USING 5-LIPOXYGENASE INHIBITORS  
TITLE (FRENCH): PROCEDE POUR LA REDUCTION OU LA PREVENTION DE LA  
FORMATION D'ADHERENCES POST-CHIRURGICALES A L'AIDE  
D'INHIBITEURS DE 5-LIPOXYDASE

INVENTOR(S): RODGERS, Kathleen, Elizabeth;  
dizerega, Gere, Stodder  
PATENT ASSIGNEE(S): UNIVERSITY OF SOUTHERN CALIFORNIA  
LANGUAGE OF PUBL.: English  
DOCUMENT TYPE: Patent  
PATENT INFORMATION:

NUMBER	KIND	DATE
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WO 9640090	A1	19961219

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W:  
AU CA JP AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL  
PT SE